SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

 \leq

102013

Date: Permit #: Refund: Amount Paid: \$75.13 5-13-13 13973 THE STATE OF THE S

Bayfield Co Zoning

INSTRUCTIONS: No permits will be issued until all Checks are made payable to: Bayfield County Zoni DO NOT START CONSTRUCTION UNTIL ALL PERMIT be issued until all fees

TO APPLICANT	wable to: Bayfield County Zoning Department.	C. 1911 C. 552 - 1 - 1 - 1 - 1
TO APPLICANT.		
HOW DO I FILL OUT TH		

TYPE OF PERMIT REQUESTED Authorized Agent: (Person Signing Application on behalf of Owner(s)) Contracto Address of Property: SAMes 7625 Stapks $\frac{\chi}{\pi}$ 7> 1/2/10/SO/ A. S □ LAND USE SANITARY TRON Sika 202 City/State/Zip: Mailing Address: Agent Phone: □ PRIVY s Apple ☐ CONDITIONAL USE ☐ SPECIAL USE City/State/Zip: Plumber: Agent Mailing Address (include City/State/Zip): IRAN RIVER 24847 IIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp) S ☐ Yes ☐ No

Recorded Document: (i.e. Property Ownership) いから B.O.A. Telephone: Plumber Phone: Cell Phone: Written Authorization 715 817 OTHER 225

PROJECT LOCATION

Legal Description:

(Use Tax Statement)

PIN: (23 digits)

80-17-CA

 \mathfrak{Z}

000

Volume

Page(s)

1/4,

1/4

Gov't Lot

Lot(s)

SS

Vol & Page

Lot(s) No.

Block(s) No.

Stroups Stroups

No mod

Acreage

Won-shoreland	□ Shoreland →		Section
	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue — The Distance Structure is from Shoreline: fee	Section 7 , Township 47 N, Range 8 W Town of:
	Distance Structure is from Shoreline :	Distance Structure is from Shoreline :	Town of:
	⊠ No	in one?	
	KNO	Are Wetlands Present?	0373

of Completion
* Include
donated time & Value at Time 8 New ☐ Run a Business on (What are you applying for) New Construction
Addition/Alteration
Conversion Property Relocate (existing bldg) Project 1-Story # of Stories and/or basement 2-Story 1-Story + Loft No Basement Basement Foundation Year Round Seasonal Use X None □ 2 bedrooms ω \vdash 앜 # Municipal/City
□ (New) Sanitary Compost Toilet Sanitary (Exists) Specify Type:
Privy (Pit) or □ Vaulted (m
Portable (w/service contract) Sewer/Sanitary System is on the property? What Type of Specify Type: X Well Water Ċţ

Proposed Construction.

□ None

		The state of the s	The same of the sa	「日本日本 の日の日の日本的 ななられ
Proposed Use	۲,	Proposed Structure	Dimensions	Footage
		Principal Structure (first structure on property)	(x)	
		Residence (i.e. cabin, hunting shack, etc.)	×	
1***		with Loft	×	
Residential Use		with a Porch	×	
,		with (2 nd) Porch	×	
		with a Deck	×	
		with (2 nd) Deck	×	
☐ Commercial Use		with Attached Garage	×	
		Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	×	
		Mobile Home (manufactured date)	×	
		Addition/Alteration (specify)		3
☐ Municipal Use	X.	Accessory Building (specify) Shange	(& × 2/)	220
Rec'd for Issuance		Accessory Building Addition/Alteration (specify)	(X)	
3 N 1 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Special Use: (explain)	×	
		Conditional Use: (explain)	×	
Secretarial Staff		Other: (explain)	(×)	

I (we) declare that this application (indi-am (are) responsible for the detail and may be a result of Bayfield County/rei above described property atlant reason FAILURE TO OBTAIN A PERMIT ON STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES and paccompanying information) has been examined by me (us) and to the best of my (our) knowledge and ballef it is true, correct and complete. I (we) acknowledge that I (we) accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which withing on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the unit of the purpose of inspection. 2013

Authorized Agent:

Address to send permit

Owner(s): ____/

(If you are signing on behalf of the owner(s) a letter of authorization must accompany

OWn rs listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date

Date

MA

Attach
Copy of Tax Statement
recently purchased the property send your Recor Recorded Deed

SHBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart. Washburn, WI 54891 (715) 373-6138 PO Box 58

> BAYFIELD COUNTY, WISCONSIN APPLICATION FOR PERMIT

Date Sta **™**

28

2013

HEIR Refund: mount Paid: 1-80-0 51# 21-11-12 13814

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT BAYFIELD CHOOSENED TO APPLICATE CHOOSENED TO APPLICANT BAYFIELD CHOOSENED TO APPLICANT BAYFIELD CHOOSENED TO APPLI

Are Wetlands Present?	ls Property in Floodplain Zone?	*	Distance Structure is from Shoreline:	er, Stream (incl. Intermittent) If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (Ind. Intermittent) Creek or Landward side of Floodplain? If yescontinue
		, , , , ,			
11040	The sales of the s		LON RIVER	NOST	section, TownshipN, range
ge	Acreage	Lot Size			34 th 47 8
		Subdivision:	Lot(s) No. Block(s) No.	CSM Vol & Page V. 438	1/4,1/4 Gov't Lot Lot(s)
Page(s) 319 727 C		Volume 438	04-024-2-47-08-34-105002-11000	04-624-2-47-08	PROJECT LOCATION Legal Description: (Use Tax Statement)
□ No	☐ Yes ☐ No		, and a second designation of the second		N.X.
Written Authorization Attached	Written A Attached	state/Zip):	Agent Mailing Address (include City/State/Zip):	Agent Phone: Ag	Authorized Agent: (Person Signing Application on behalf of Owner(s))
			NA A	75-292-358	LORIN WICKLAND
Phone:	Plumber Phone:		Plumber:	Contractor Phone: Ph	Contractor:
612-770-2650	612-77		WI 54847	JEDN RIVER, WI	OHOO HUSINE LANE
	Cell Phone:			City/State/Zip:	Address of Property:
952-935-30	L	15 MIN		Stos Schaffer Rd	JAMES & ELIZABETH
)THER	☐ B.O.A. ☐ OTHER		☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE	NITARY PRIVY	VIIT REQUESTED→ X LAND USE
ty.org/zoning/asp)	/ww.bayfieldcoun	sit our website w	CONTACT CATTON (VI	APPLICANT.Bayfield Сејоў	NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT BOYTIGIO CHONTON (HISTORY OF WWW.bayfieldcounty.org/zoning/asp)

							0 00
		□ None				UNIQUE DE LA CONTRACTION DEL CONTRACTION DE LA C	TEST CAST IN
		☐ Compost Toilet			☐ Foundation	Property	۶ ۲۵ ما
•	ontract)	☐ Portable (w/service contract)	□ None		☐ No Basement	☐ Run a Business on _	
	ulted (min 200 gallon)	☐ Privy (Pit) or Vaulted (min 200 gallon)			☐ Basement	☐ Relocate (existing bldg)	
	cify Type:	☐ Sanitary (Exists) Specify Type:	□ 3		□ 2-Story	☐ Conversion	12 25%
₽ Well	ify Type: Septic	(New) Sanitary Speci	□ 2	☐ Year Round	9 1-Story + Loft		()
□ City		☐ Municipal/City		Seasonal	☐ 1-Storÿ	☐ New Construction	
Water	pe of nry System operty?	What Type of Sewer/Sanitary System is on the property?	# of bedrooms	asn	# of Stories and/or basement	Project (What are you applying for)	Value at Time of Completion * include donated time & material
							☐ Non-Shoreland
□ Yes No		Distance Structure is from Shoreline :	Distance Stru	Pond or Flowage If yescontinue	ו 1000 feet of Lake, Por ול ץ	☑ is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Shoreland —
Are Wetlands Present?	Is Property in Ar Floodplain Zone?	Distance Structure is from Shoreline :feet	Distance Stru	Stream (incl. Intermittent) If yescontinue	1 300 feet of River, Stre If Floodplain? If y	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue	

Existing Structure: (if per	mit bei	Existing Structure: (if permit being applied for is rejevant to it) Length: Winth:		Helght:	
Proposed Construction:				Height:	14 180°
					£ 26°
Proposed Use	٠,	Proposed Structure	Dín	Dimensions	Square Footage
		Principal Structure (first structure on property)	1	x)	
		Residence (i.e. cabin, hunting shack, etc.)		×)	
		with Loft		×)	
Residential Use		with a Porch	(×)	
		with (2 nd) Porch		×)	
		with a Deck	(х)	
		with (2 nd) Deck	_	×	
☐ Commercial Use		with Attached Garage	(× ->	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(x)	
		Mobile Home (manufactured date)	^	×)	
		Addition/Alteration (specify)		× 	
- Wunicipal Use		Accessory Building (specify)	100))
`\	X	Accessory Building Addition/Alteration (specify) FCAN Technotrod / Charle)1)	X 25.0)	100 H2
Bonn of the Bonn and		they of foot			
		Special Use: (explain)	_	×)	
		Conditional Use: (explain)		×	

Owner(s): FAILURE TO OBTAIN A PERMIT OL STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

FAILURE TO OBTAIN A PERMIT OL STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) deciare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any leasonable time for the pulpose of inspection. Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application) Date 20 N

Secretarial Staff

Other: (explain) BOATCHOUSE

-

×

(If you are signing on behalf of the ov SCHAPTOR owner(s) a letter of authorization must accompany this application) marie de la common MNNC440US

Authorized Agent:

are

Address to send permit

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Date X

 α

		Hold For Affidavit:	TO ST			
Date of Approprie	1) OF (1) HAN	CLEJ PERMEDON 34 15	ism celegration	WE 6 %	ector: ()	Ton Pural CES
ARSIAS SALSON	るころ	ક	he + Gaon	th amen	TUPE PROPERTY	Are the Fotons
SMOWN to the owner	he he	10 0	Attached? Oves One Hill	of the	Committee CARTE	Condition(s): Town,
- mail	Date of		TSW65 Inspected by: NOC	Janous &	5.8.3	Date of Inspection:
Zoning District (()	Zoning District Lakes Classifice	July Brympage	motion favoring up	Cak	7	Inspection Record: NE
□ No	Were Property Lines Represented by Owner Wes	Were Property Lir	□ No	eated X Yes □ No	₽₹	Was Proposed I
	y Variance (B.O.A.) Case #:	Previously Granted by Variance (B.O.A.)		Case #:	្ឋ	Granted by Variance (B.O.A.)
equired □Yes □No ttached □Yes □No	Xves □ No Affidavit Required Over the No Affidavit Attached	HARRINA HARRINA	us Lot(s))	☐ Yes (Deed of Record) ☐ Yes (Fused/Contiguo X yes	d Lot rship	Is Parcel a Si ; Parcel in Comi
		14:13	3		3-0074	Permit #: 1,3-0
Date	# of bedrooms: Sanitary Date:	67-835	Sanitary Number:	ty Use Only)	Issuance Information (County Use Only)	suance Info
g Code.	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	from the Date of Issuance ALL Municipalities Are Req	ermits Expire One (1) Year eemits Expire One (1) Year he & Two Family Dwelling: hal Town, Village, City, State	E: All Land Use P action Of New Or The loc		(9)
ack must be measured must be visible from oposed site of the structure, or must be	other previously surveyed corner or marked by a licensed surveyor at the counter) sequence. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be one previously surveyed corner to the other previously surveyed corner or the ot	from the minimum required setbac by use of a corrected compass from	O) feet but less than thirty (30) feet er, or verifiable by the Department	a licensed surveyed from (1 eviously surveyed corn expense.	or construction of a struction of a	er previously survey or to the placement of previously surveyed feed by a licensed su
le from one previously surveyed corner to the	undary line from which the setback must be measured must be visible from or	the bot	of the minimum required so	Osting) cture within ten (10) fe	Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet or the placement or construction of a structure within ten (10) feet or the placement or marked by a licensed surveyor at the	tback to Privy
Feet		t Setback to Well	>6 Feet >6 Feet	g Tank	c Tank or Holding Tank	Setback to Septic Tank Setback to Drain Field
	dplain	t Elevation of Floodplain	775 Feet	T.	Setback from the East Lot Line	tback from the
Feet	tland		CANE Feet		Setback from the North Lot Line Setback from the South Lot Line	tback from the
Feet	Setback from the River, Stream, Creek Setback from the River, Stream, Creek Setback from the Bank or Bluff		20 1- Feet	ht-of-Way	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	tback from the
Measurement	Description		Measurement		Description	
a by the Planning & Zoning Dept.	just be approve	Chi	osest point)	Setbacks: (measured to the closest point)	Setbacks: (mea	(8)
			inuing)	(7) above (prior to continuing)	complete (1) - (7) abov	Please comple
and the second s		Hulaide	, wowd	1-140	Strick	120
D Q				, P)	Sweet 1	
	27 4 05	es Sextic	Z		Beray	JI JF
	THE PARTY OF THE P	4	$\overline{\nu}_{1}$		***On Technology or	- 12 - 2 - 2 - 12 - 12 - 12 - 12 - 12 -
364	#					78
	£.				1 Commence of the second	
E) /-
		to t	,	⟨U	100c+	N T
189 A.	Chartche	>		155	-4	
		Y 20%	(*) Wetlands; or (*) Slopes over 20%	*W (*)	Show any (*):	1
(P)	(*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond	Road (Name Frontage Ro Property I); (*) Drain Field (DF); (*) Creek; or (*) Pond	(*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) H (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond		Show: Show: Show: Show any (*):	(3) (4) (5)
			Proposed Construction North (N) on Plot Plan) 	Show / Indicate:	

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stampingsceived) MAY 02 2013

Permit #: Date Amount Paid: (v) ENTER

INSTRUCTIONS: No Checks are made par DO NOT START CON

permits will be issued until all fees are paid.	
wahle to: Bayfield County Zoning Department.	
NSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfreidcounty.org/zonng/asp
ממולכ ח היים היים היים היים היים היים היים הי	

that I (we)	acknowledge er accept lia	d complete. I (we) a	10000	FAILURE TO OBTAIN A PERMIT OF STAR LING CONVINCION WITHOUT A FERMIT WITH RESOLUTION WITH RESOLUTIO			•				7
1000	, 1.0	Ctaeor	1 1 1	Other: (explain) 092600 100 29			plain) 992e	Other: (explain)	×	Secretarial Staff	
3	2	イ × イ		- Lucy -	***************************************	N	Conditional Use: (explain)	Condition		***	
)			THE PARTY AND TH			Special Use: (explain)	Special Us			
			1	The state of the s)	Alteration (apecily)	Accessory building Addition/Aireration	Accessory		Rec'd for Issuance	1
1		× >	1-	The state of the s			Building (specify)	Accessory Building			
		× ×	-	and the state of t		111111111111111111111111111111111111111	-	Addition/			
	-		+		AL PROPERTY OF THE PROPERTY OF	ate)	Mobile Home (manufactured date)	Mobile Ho			
	-			☐ cooking & food prep facilities)	임	☐ sleeping quarters,	Bunkhouse w/ (□ sanitary, or	Bunkhous			
			_			rage	with Attached Garage		e T	☐ Commercial Use	
		×		1,440 mm444mm		A. H. L.	with (2 nd) Deck				
	_	×					with a Deck				
- Children		×	_		- Andrews		with a Porch		-	Residential Use	
		× >	+	and the second s		Hentle	with Loft				
	_	×				shack, etc.)	(i.e. cabin, hunting shack, etc.)	Residence			
		×	_			ture on property)	Principal Structure (first structure on property)	Principal S			
Square Footage		Dimensions			Ċ	Proposed Structure			<u> </u>	Proposed Use	
				WIGG:		Lengtn:			on:	Proposed Construction:	
	- ^ -	Height:	feet	S	teet	35	is relevant to it)	ing applied for	f permit be	Existing Structure: (If permit being applied for is relevant to it)	
				None				200	Gazeba	180	
•			et	☐ Compost Toilet			☐ Foundation		Property		
.,1		ntract)	151	☐ Portable (w/service contract)	None	100000000000000000000000000000000000000	1	iness on	Run a Business on		
	gallon)	Vaulted (min 200 gallon)	Vau	□ Privy (Pit) or			□ 2-3tory	Relocate (axisting hide)	Conversion		
	Ż	ify Type: (CO)	's Spec		۸ س	Year Round		Addition/Alteration	Addition/		
ביונץ		Specify Type:		☐ Municipal/City		1 -	i	truction	New Construction		
		nopelty:	= 1 	IS OIL	pedrooms				Handle Joe	⊗	
Water		What Type of Sewer/Sanitary System	What Type of er/Sanitary Sy	W Sewer,	약 #	Use	# of Stories	una for	Project	Value at Time of Completion	
										Non-Shoreland	
No (No S	feet	cture is from Shoreline :	Distance Structure	Pond or Flowage If yescontinue	Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	/Land within 1	Is Property	X Shoreland →	
Present?		Floodplain Zone?				f yes-continue —	Creek or Landward side of Floodplain? If yes-	dward side of	eek or Lan	· · · · · · · · · · · · · · · · · · ·	Action 1
Wetland		is oronarty is		ture is from Shoreline :	Distance Structure	(incl (atarmittant)	on text of Binot Street				¬ г
	S.6	A A	Lot Size		s River	Town of:	N, Range W		27 + Fownship	Section 27	
	į.		Subdivision:	Block(s) No. Su	Se 3	Vol & Page V, 475 815	Lot Lot(s) CSM	Gov't Lot	1/4	1/4,	
witer strip)	Page(s)	ocument: (i.e	Volume	43	86-80-Ch	8	(Use Tax Statement) PIN: (23 digits) 04- 03+		Legal Description:	PROJECT Lei	5-450-5-600
in pership	hed No	Caire Attached		Agent waiting planess include Ctylogogy. Can. Can. Can. Can. Can. Can. Can. Can	MACH CITY			(Person Signing Application on behalf of Owner(s))	Signing Appli		
ization	n/a	Writt	1/7in)-		n/a	one:	ļ	The	Gazebos	Contractor: Daystar 6a	
715-577-514	1/5-517	7/5		54847	WI	Š	Or Iron	- Point	Millicent	Address of Property:	
	hone:	SYM Cellp	WIT S	Claire,	Or Eau	3 Sharon	3423	Wheeler		Donna A.	
ر ا	□ OTHER Telephone:	☐ B.O.A. ☐		ONAL USE SPECIAL USE	☐ CONDITIONAL USE	□ PRIVY	SANI	KLAND USE	STED	TYPE OF PERMIT REQUESTED	100 miles

Susan bloch the le Deed All Owners r went st sign <u>or</u> lett of authorization must accompany this application) accompany this application) Date Date 4/29 Attach
Copy of Tax Statement
property send your Recorded Deed カーコル O

Authorized Agent:

Address to send permit 3413

Mimitz

4

Eun Claire

5470

Owner(s):

Show Location of (*): w Location of: / Indicate:

Show any (*): Show any (*):

Proposed Construction

North (N) on Plot Plan

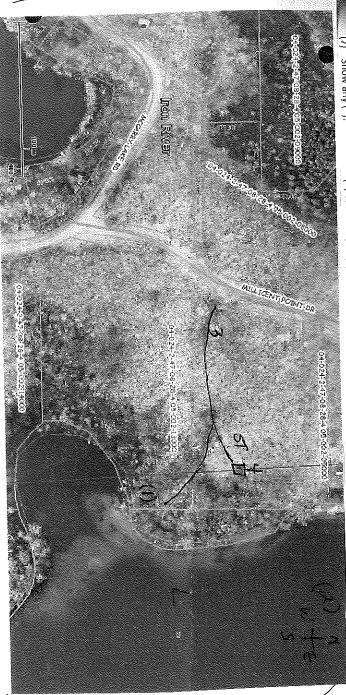
(*) Driveway and (*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

All (N); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%



Copyright 2008 ESRI. All rights reserved. Printed on Mon Apr 15 2013 12:20:05 PM.

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

Setback to Privy (Portable, Composting)	Second Se	Sathack to Sentic Tank or Holding Tank		Sethack from the East Lot Line	Setback from the West Lot Line	Sethack from the South Lot Line	sothack from the North Lot Line	C C C C C C C C C C C C C C C C C C C	Sethack from the Established Right-of-Way	Sathack from the Centerline of Platted Road		Description	(8) Setbacks: (measured to the closest point)
Feet the restrict	> (50) Feet	Feet		Feet Feet	7300 Feet	> 500 Feet	7 500 Feet		Feet	Teet Feet	20070	Measurement	st point)
Feet Fe		Selback to Mari		Elevation of Flooupiani	Setback from 20% Slope Milea	Setback Iroll wedania		Delback Holli alic sering -	Setback from the Bank or Bluff		(and foreigner, high-water mark)	Description	
visible from one previously surveyed corner to the		ě	اسًا Feet		Feet Feet	n(/) Feet	> 25 Feet		Feet	Feet	Feet		Measurement

Prior to the placement or construction of a structure within ten (10) feet of the minimum or other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

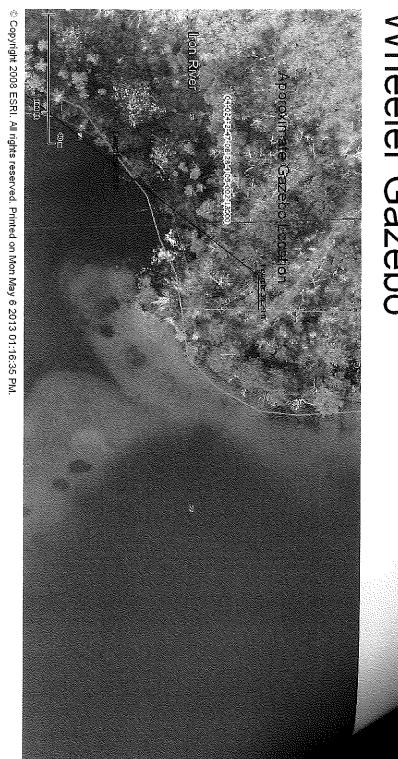
for to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from se previously surveyed comer previously surveyed comer to the other previously surveyed comer, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be arked by a licensed surveyor at the owner's expense.

9 Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: Market County Cou	Date of inspection: 65-1-13 Inspected by: U.C. Condition(s):Town, Committee or Board Conditions Attached? I Yes I No -(If No they need to be attached.) Condition(s):Town, Committee or Board Conditions Attached? I Yes I No -(If No they need to be attached.) Condition(s):Town, Committee or Board Conditions Attached? I Yes I No -(If No they need to be attached.)		Inspection Record: (ADERO COCHEN MEET SATIFORY REQUIREMENTED Liakes C	Were Property Lines Represented by Owner Kyes Was Parcel Legally Created Kyes □ No Were Property Lines Represented by Owner Kyes Was Property Surveyed Kyes	e Non-Collid lining Previously Granted by Variance (B.O.A.) infance (B.O.A.) ☐ Yes X No ☐ Case	☐ Yes (Dieed of Record)	Permit # 13 - 1078 Permit Date: 5 - 14 - 13	Permit Denied (Date): Reason for Denial:	# of bedrooms: Sanitary Number:
Dane of Approval. M. AMIDAVIT	Consect Treat	Date of Re-Inspection:	Zoning District ((C. ()) Lakes Classification ()			ffidavit Required KYes No ffidavit Attached Yes KNo			Sanitary Date:

Wheeler Gazebo



Buffer as domonstrated on of epplication. air photos exist

RUE

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stand (Received) MAY 06 2013

Refund:	Amount Paid:	Date:	Permit #:
	\$15.56-13	5.15-13	13-0079 WIERED

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co. Zoning Dept.

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and	Secretarial Staff	N ^t		Hec'd for Issuance	A A K A SALA	Municipal Use				☐ Commercial Use				Residential Use			Proposed Use	Proposed Construction:	Existing Structure: (}			\$ 10 100 00		liateria)	e ion	☐ Non-Shoreland		? } E		Section 19	2 4 1 W 4	Laction L		Contractor: Note: Sample Samp	Address of Property:	Switch Street,
ication (including a				0						æ			4	***************************************			•	on:	(if permit being applied	Service Co	Property	Run a Business on	Relocate (existing bldg)	☐ Conversion	Addition/Alteration	New Construction	Project (What are you applying for)		is Property/	ls Property/ reek or Land		, Township	# 1/4 # 17/4	egal Description:		Signing Applic		7 5
FAILURE TO	Other: (explain)	Condition	Special Us	ere de de la companya	Accessory	Accessory	Addition/	Mobile H	Bunkhous						Residence	Principal :			applied for	y _s phood		ess on "	sting bldg)	200	teration		t dying for)		Land within	land within ward side o		47	000		A PARTY OF THE PAR	ation on behalf		
OBTAIN A PERMIT OF	plain)	Conditional Use: (explain)	Special Use: (explain)		Accessory Building Addition/Alteration	Accessory Building (specify)	Addition/Alteration (specify)	Wobile Home (manufactured date)	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters,	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	with I off	Principal Structure (first structure on property)			r is relevant to it)	·	☐ Foundation	☐ No Basement	☐ Basement	2-Story		1-Stony	# of Stories and/or basement		Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes		7 N, Range 8 W		tatement)			3) }
STARTING CO				***************************************	n/Alterat	fy)	fy)	d date)	<u>or</u> □ sleep	Garage			-		ng shack,	ructure o	Propo	Length:	Length:		-	t			3 0		T		Pond or Flowage If yescontinue	Stream (incl. Intermitte If yescontinue -		<u> </u>		04- 03-4 m		Contractor Phone: 25 29 - 8 Agent Phone:	City/State/Zip:	66735
ONSTRUCTION					ion (specify)				ing quarters,						etc.)	n property)	Proposed Structure	în:	th:						Year Round	Seasonal	Use		owage ntinue →	(incl. Intermittent)	J.V.G.	Town of:		Vol & Page	OFFICE PARTY IN THE PARTY IN TH	ें		~
WITHOUT A PERM)				임						- Pro-Article Control of the Control	- Andreas - Andr	re					None None		ļ	,	1	# of bedrooms	***************************************	Distance Structure	Distance Structure	1 ľ			1 - 0 6 - 19		Plumber: Agent Mailing Ad		- ^
IT WILL RESULT IN							dimension of		□ cooking & food prep facilities)		an stad and an analysis of the stade of the		Hardway and the second special second					Width:	Width:	None		☐ Portable (w/service contract)	☐ Privy (Pit)	7 184		□ Municinal/City	əS		cture is from Shoreline :	cture is from Shoreline :				Block(s) No.		Plumber: Agent Mailing Address (include City/State/Zip):	Localive	, ,
PENALTIES		-	-		(-)	ties) (_	_	_	_	_							Toilet	w/service	or .	Exists) S		Cit	What wer/San Is on the		oreline : feet	oreline :	:	Lot Size		+ -	,	//State/Zip	٤	bu p
		×	 ×		×	×	×	×	×	×	×	×	×	× :	××	×	Dimensions					contract)	Vaulted (pecify Typ	Specify Type:		What Type of Sewer/Sanitary System Is on the property?					'n		ie 100cum		¥.		6 1 8 5 4 5 8 5 4 5 8 5 8 5 8 5 8 5 8 5 8 5
	_				Ļ)	_)	.)	_)	_	_ -		. -	ions	Height:	Height:				l ted (min 200 gallon)	e: 7	:2		ċ. ma:		Yes	Is Property in Floodplain Zone?		Acre	-	Pa,	Attached	Writte		
		The state of the s				1600					***************************************		and the state of t	The state of the s			Square Footage			Spending .					Zwell Cxwell	□ Citv	Water	***************************************	□ Yes	Are		Acreage		Volume 1001 Page(s) 686	ed No	Plumber Phone: Written Authorization	Cell Phone:	372

Authorized Agent:

(If you

half of the

owner(s) a letter of authorization must accompany this application)

Address to send permit

66835

Spiderlake

curcle

エイジハイ I U C Y 24 、 5984 Zopy of Tax Statement
If you recently purchased the property send your Recorded Deed

Date

Date

5-5-

Owner(s): ______(If there are Multiple Owners

listed on the De

d All Owners must sign or letter(s) of authorization must accompany this application)

Feet

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stands (Rectained) M 03 2013

Date: Amount Paid: Permit #:

2/6

56-13

Bayfield Co. Zoning Dept

Refund:

	Secretarial Staff	(00)	1	-				plain)	Other: (explain)	×		7
	1285		- 1		- Market	IAKK	大 大 大] !!	Condition		5	3
Transport March			×	1-	TOTAL PROPERTY.	- Parketter	The state of the s	e: (explain)	Special Us		ه ک	, , , , , , , , , , , , , , , , , , ,
MARCHACE CANADUSE SANTARY PRINT CONDITIONALISE SECULUSE B.O.A. Conditional Conditi	· · · · · · · · · · · · · · · · · · ·				A STATE OF THE STA						d for Issuance	Rec'
MARCHARCH			×		and the second s		Alteration (specify)	Building Addition//	Accessory			
MACGARCET E SCHL-Yoo SAMILARY : CONDITIONALUSE SPECIALUSE BOAL Contraction			×		Account of the second of the s			Building (specify)	Accessory		Municipal Use	
THE REQUESTED — WE LAND USE: IT SANITARY IN PRINTY IT CONDITIONAL USE: ITS SPECIAL USE: ITS	N. C.	_ .	×	_	The state of the s		(c)	Alteration (specify)	Addition/			.,-
Transpos spend Application to half of covering) April 19 Party 11 Party 12 Part		_ -	×		& rood prep racilities,	□ cooking	sleeping quarters,	e w/ (□ sanitary, or □	Bunkhous			
Intercolosists		_	< >	-	J 3		rage				ommercial Use	
Mind Ciny Company Section Sec	- Lwa	_ -	< ×	-	man deletion de s		with a second	with (2 nd) Deck				
MARCHACET E SCHL-56_ Malling Andrews Service	-	_	×	_		1000	***************************************	with a Deck		***************************************		
### Property/Land within 100 feet of lake, Pond or Flowage in the first structure (first structure (first structure (first structure (first structure (first structure on property)) Property Pr			×				L. To	with (2 nd) Porch				اِ
MACC ACET C SANTARY PRIVY CONDITIONAL USE SPECAL USE B.O.A. B.OT Mailing Address CTY Hb.V H Contractor Phone: Contractor Phone: Contractor Phone: Contractor Phone: Phumber: Contractor Phone: Contractor Phone: Phumber: Contractor Phone: Phumber: Contractor Phone: Phumber: Contractor Phone: Phumber: Contractor Phone: Contractor Phone: Phumber: Contractor Phone: Phumber: Contractor Phone: Contractor Phone: Phumber: Contractor Phone: Phumber: Contractor Phone:		-	×	+	and to the second secon	- contribution	d grant and an	with a Porch	-		esidential IIse	<u>×</u>
Transposed Structure Froperty Languistion Converts Structure Structure Converts Structure Converts Structure Converts Structure Converts Structure Stru		_ -	×××	- -			shack, etc.)	(i.e	Residence			,,,
INTERCULSTED→ MAINTARY © PRIVY © CONDITIONAL USE © SPECIAL USE © B.O.A. © OT MAINTARY © PRIVY © CONDITIONAL USE © SPECIAL USE © B.O.A. © OT MAINTARY © PRIVY © CONDITIONAL USE © SPECIAL USE © B.O.A. © OT MAINTARY © PRIVY © CONDITIONAL USE © SPECIAL USE © B.O.A. © OT MAINTARY © PRIVY © CONDITIONAL USE © STATE © CONTRACTOR PRIVATE PRI		_	< ×	+	egg-s-	E-paragraphic and a second sec	ture on property)	tructure (first struc	Principal S			
MACCINECTED→ M. LAND USE SANITARY DENIVY CONDITIONAL USE SPECIAL USE BOA Delanoment	Square	ins	Dimensic			ੈ ਦੇ	Proposed Structur			~	roposed Use	-
MITREQUESTED→ M. LAND USE		l L									osed Construction	Propo
MARCCARCET E SCHU-USC CONDITIONAL USE SPECIAL USE SPECIAL USE SOA. CONTRIBUTIONAL USE SPECIAL USE SPECIAL USE SOA. CONTRIBUTIONAL USE SPECIAL USE S	\$ /2		Ŧ		1 1			is relevant to it)	ng applied for	ermit bei	ng Structure: (If po	Existi
MACGARCET E SHILLING Statement See City/State/Zip: Telephone: Frequent Signing Application on behalf of Owner(d) Agent Phone: Agent Mailing Address (Include City/State/Zip): Agent Mailing Address (Include City/State/Zip): Plumber: P												
ITTREQUESTED			***************************************	let			The state of the s			perty	Pro	
MACCARCET E SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OT			ontract)	ervice o		X None	1.14	1 1	ness on •	n a Busi	□Ru	
MACGARCET SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OIT MACGARCET E. SCHLUGE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OIT Condition on the service City/State/Zip: City/State/Zip: City/State/Zip: City/State/Zip: Contractor Phone: Plumber Piperon Signing Application on behalf of Contractor Phone: Plumber Piperon Signing Application on behalf of Contractor Phone: Plumber Piperon Signing Application on behalf of Contractor Phone: Plumber Piperon Signing Application on behalf of Contractor Phone: Plumber Piperon Signing Application on behalf of Contractor Phone: Plumber Piperon Signing Application on behalf of Contractor Phone: Plumber Piperon Signing Application on behalf of Contractor Phone: Plumber Piperon Signing Application on behalf of Contractor Phone: Plumber Piperon Signing Application on behalf of Contractor Phone: Plumber Piperon Signing Application on behalf of Contractor Phone: Plumber Piperon Signing Application on behalf of Contractor Phone: Plumber Piperon Signing Application on behalf of Contractor Phone: Plumber Piperon Signing Application on behalf of Contractor Phone: Plumber Piperon Signing Application on behalf of Contractor Phone: Plumber Piperon Signing Application on behalf of Contractor Phone: Plumber Piperon Signing Application Signi		n 200 galic	ulted (mi	r Ua	☐ Privy (Pit) or				xisting bldg)	ocate (e		N
IIITREQUESTED-+ LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OT Releptone:			city type.	to coo	Capitany / Evid	7			Iteration	dition/A	□ Ad	s
MACCI ARCET E SCHL-250	X C		rify Type:	Sner			N N		ruction	w Const	Ne	
III REQUESTED					N. in it			1000000	,	100 Oct 100 Oc		m
III REQUESTED→ IX LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER PRIVE CITY PRIVE CITY State / Zip: CIT	Wa	đ	/pe of ary Syster	What T ₁ //Sanita	V Sewer	# of bedrooms	Use	# of Stories and/or basement	ct pplying for)	Proje i are you a		Value of Co
III REQUESTED→ LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OT Mailing Address: City/State/Zip: City/											1-Shoreland	□ Nor
IT REQUESTED-+ LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OT Telephone: MARCIARCET E. SCHLUG 289. Tolephone: City/State/Zip: Toly/Cc Written Au Toly/Cc Written Au Toly/Cc Written Au Legal Description: (Use Tax Statement) O4- O.Z.4 - Z4.7 - 0.8 - 33 - 4-0.0 Volume Page(s Volume Volume Page(s Volume Page(s Volume Page(s Volume Volume Volume Page(s Volume Volume Volume Page(s Volume Volume Volume Page(s Volume Volume Volume Volume Page(s Volume Volume Volume Volume Volume Page(s Volume Volume Volume Volume Volume Volume Volume Page(s Volume	X I	/No res	X	line : _ feet	cture is from Shorel	Distance Stru	l 1	1000 feet of Lake, Pon	/Land within	property,	V	Zno
FPERMIT REQUESTED Name; Name; A F MARCI RICET E SOHL-150-1 A F MARCI RICET E SOHL-150-1 To: City/State/Zip: Contractor Phone: Plumber: Contractor Phone: Plumber: Plumber: Agent Mailing Address: City/State/Zip: Agent Mailing Address: City/State/Zip: Plumber: Pumber: Agent Mailing Address: City/State/Zip: Agent Mailing Address (include City/State/Zip): Attached Call Phone: Pumber: Pumber: Page(s) Agent Mailing Address (include City/State/Zip): Attached Call Phone: Page(s) Agent Mailing Address (include City/State/Zip): Attached Call Phone: Page(s) Agent Mailing Address (include City/State/Zip): Attached Call Phone: Page(s) Agent Mailing Address (include City/State/Zip): Attached Call Phone: Page(s) Agent Mailing Address (include City/State/Zip): Attached Call Phone: Page(s) Agent Mailing Address (include City/State/Zip): Attached Call Phone: Page(s) Agent Mailing Address (include City/State/Zip): Attached Call Phone: Page(s) Agent Mailing Address (include City/State/Zip): Attached Call Phone: Page(s) Agent Mailing Address (include City/State/Zip): Attached Call Phone: Page(s) Agent Mailing Address (include City/State/Zip): Attached Call Phone: Page(s) Agent Mailing Address (include City/State/Zip): Attached Call Phone: Page(s) Agent Mailing Address (include City/State/Zip): Attached Call Phone: Page(s) Agent Mailing Address (include City/State/Zip): Attached Call Phone: Page(s) Agent Mailing Address (include City/State/Zip): Agent Mailing Address (include City/Stat		perty in ain Zone?	Is Prop	feet	cture is from Shorel	Distance Stru	im (incl. Intermittent)	300 feet of River, Stream of Ploodplain?	/Land within dward side of	Property, k or Lanc		ζ
FPERMIT REQUESTED NAME OF AND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. Name: A § MACGNCT E Schusco City/State/Zip: OF Property: Tor: Contractor Phone: Plumber: Ted Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip): Agent Mailing Address: Plumber: Contractor Phone: Plumber: Agent Mailing Address (include City/State/Zip):	78	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			2		}	08	4 7N N,	Cownship	ü	
SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A Mailing Address: Regard STATE City/State/Zip: Regard Recorded Document Regal Description: (Use Tax Statement) O4-O24-Z-47-08-33-4-00- Volume Regal Description: SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A Mailing Address: City/State/Zip: City/State/Zip: Recorded Document Regal Description: Contractor Phone: Plin: (23 digits) Recorded Document Plin: (23 digits) Recorded Document Regal Description: Recorded Document Recorded Docu		⊣/		Subdivisi	Block(5) No.	Lot(s) No		7 [ot(s)	Gov't L	_ 1/4	1/4,	
SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A sname; City/State/Zip: A S MARCGACET SOFT-Son City/State/Zip: City/State/Zip: A STATE A STATE A STATE City/State/Zip: City/State/Zip: City/State/Zip: City/State/Zip: City/State/Zip: City/State/Zip: A STATE	(s)	Page	Documen		3-400-	7 1	.2		4	Descript		- F
FPERMIT REQUESTED NAME SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A sname; A S MARCGARCET E SCHLUGG CHY/State/Zip: Of Property: 30 CTY HWY H Contractor Phone: Plumber:	Authorization	Written / Attached			dress (include City/Sta	gent Mailing Ad			ation on behalf o	ning Applic		Author
FPERMIT REQUESTED NAME SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. Name: A { MARCAPCET E SOHUSON CHY/State/Zip: Of Property: CIty/State/Zip: CIty/State/Zip: CIty/State/Zip: CIty/State/Zip: CIty/State/Zip:	Phone:	Plumber				umber:		Contra			ctor:	Contrac
FPERMIT REQUESTED LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. Mailing Address: A MARCARCE SOHLESS STATE ACHUANO, W. 54806 A MARCARCE SOHLESS City/State/Zip:	71-288	715/2			54847	2	2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	221	エ	=		Addres
K LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE BO.A. D	- 22 - Q	Cell Phon	4800		6			<u></u>	1	RE	A f	Owner
	THER		□ в.о.,	LUSE		CONDITIONA	PRIVY	USE ☐ SANITARY	X LAND	ŒD →	OF PERMIT REQUES	TYPEC
at the same later Davids County Josian Denortment						ling Dept.	Vileid Co.	INSTRUCTIONS: No permits will be issued until all fees are paid.	Intil an rees are	Je japace i	CIVO PETITION	NOUNCE

Attach
Copy of Tax Statement
sed the property send your Recorded Deed

Date

Date

2

 \mathcal{M}

N

Owner(s): (If there ar

Authorized

gent:

(If you

are signing

behalf of the

owner(s) a letter

All-Owners must sign or letter(s) of authorization must accompany this application)

Address to send permit

OSL Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. Issuance Information (County Use Only) Hold For Sanitary: Granted by Variance (B.O.A.) Signature Inspection Permit Denied (Date) Setback to Septic Tank or Holding Tank

Setback to Drain Field

Setback to Privy (Portable, Composting)

Front to the placement or construction of a structure within ten (10) feet of the minimum restriction of the placement of the minimum restriction of the minimum restric Setback from the West Lot Line Setback from the East Lot Line Setback from the **South** Lot Line Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Condition(s):Town, Committee or Boar Date of Inspection: Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Was Parcel Legally Created
Was Proposed Building Site Delineated Please Yes NOIS complete (1) - (7) above (prior to continuing) of Inspector Record: ENSING REAL TO (9) (2) (2) (3) (5) (7) DE PO 13.88% Show Location of:
Show / Indicate:
Show Location of (*):
Show: Show any (*): Show any (*): Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W), Setbacks: (measured to the closest point) Show: 21-C13 **NOTICE**: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code Draw or Sketch your Property (regardless of what you are applying for) #* WITHIR WAXO PASSA. **188** Case #: ☐ Yes (Deed of Record)
☐ Yes (Fused/Contiguou
☐ Yes Hold For TBA: rd Conditions Attached? □ Yes SSUSS. (Fused/Contiguous Lot(s)) Yes □ No Proposed Construction

North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20% Amb. ed colorness Sanitary Number: Permit Date: Reason for Denial: Inspected by Measurement Lynno SIND S Hold For Affidavit: **No** \dashv (If No they need to be attached.) N N N Feet Feet Feet Feet Feet Feet Feet BY DIVING REMAIN 577.115/2/20p 0 Previously Granted by Variance (B.O.A.)

☐ Yes ☐ No Mitigation Required Mitigation Attached Ś Setback from the Lake (ordinary high-water mark)
Setback from the River, Stream, Creek
Setback from the Bank or Bluff Were Property Lines Represented by Owner Was Property Surveyed Setback to Well Setback from 20% Slope Elevation of Floodplain Setback from Wetland \bigcirc Doc TOP Changes in plans must be approved by the Planning & Zoning Dept. Hold For Fees: 3 setback must be measured must be visible from □ Yes Area ルよる 0 귉 ANDINGV Case #: D Affidavit Required
Affidavit Attached ⊠ Yes Yes Lakes Classification Zoning District Date of Re-Inspection Date of Approval iously surveyed corner to the Measurement __ (1) Yes 8 8 8 8 □ No Feet Feet Feet Feet Feet Feet

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMITE

Date Stamp Recu ceived AY 142013

Bayfield Co. Zoning Dept

Refund:	Amount Paid:	Date:	Permit #:
	\$100 5-16-13	5-16-13	13-008(ENTERED)

Owner(s):	am (are) responsible for the detail and accuracy of all information (when may be a result of Bayfield County relying on this information (when above described property at any reasonable time for the purpose of the	Secretarial Staffication	2 5 5		Rec'd for Issuance		□ Nunicipal Use				☐ Commercial Use			Residential Use	`			Proposed Use	Existing Structure: (If permit being applied for is relevant to it) Proposed Construction:					\$ 200 cc	· -	X Ne	ion e &	□ Non-Shoreland		X Shoreland Cree		Section	2 CHE WAY SW	LOCATION Legal	DBOIST -	Authorized Agent: (Person Sign	Contractor: 2015	67308 WA	Owner's Name:	TYPE OF PERMIT REQUESTED ->	Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	INSTRUCTIONS: No permits will b
more liste	ail and accur inty relying of reasonable	on (including	X															•	ermit bein	30000000000000000000000000000000000000	Jac. 1	☐ Run a Business on Property	Relocate (existing bldg)	Conversion	dition/A	New Construction	Project (What are you applying for)		roperty/	k or Land	roperty/	, Township	_ 1/4	Legal Description:		ning Applica	* .**	YSIDE	7	Œ →	Field Count	e issued u
d on the D	racy of all info on this inform time for the p	FAILURE any accompa	Other: (explain)	Condition	Special	Accesso	Accesso	Additio	Mobile	Bunkho	1000					Residence	Pincipa		ig applied			less on	isting bldg)		Addition/Alteration	ruction	t plying for)		Land with	ward side	Land with	44		_		tion on beh		K K	3	X LAND USE	Y Zoning Do	ntil all fees
Deed All Owners must si	ormation I (Me) am (are) provided in the provi	\ i \	(explain) Stalcuszy	Conditional Use: (explain)	ico. (ovnlain)	Accessory Building Addition/Alteration	Accessory Building (specify)	Addition/Alteration (specify)	Mobile Home (manufactured date)	Bunkhouse w/ (sanitary, or	with Attached Garage	with (2 nd) Deck	with a Dack	with a Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.)	Structure (first st		for is relevant to it)		· >	No Basement	☐ Basement		L3	□ 1-Story	# of Stories and/or basement		X is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	Creek or Landward side of Floodplain?	liver,	N, Range 8 W		(Use Tax Statement) 04		Signing Application on behalf of Owner(s)) Ag		OAD	B	SAN	PPARTMENT. VE BEEN ISSUED TO APP	are paid.
gn of letten	viding and tha ling in or with	STARTING C	No.		1,000	n/Altera	ify)	ify)	d date)		Garage		ä			ing shack,	rictire	Propo	Length:				-			□ S	nt .		Pond or Flowage If yes—continue	If yesco	stream (inc			100	PIN: (23 digits)	Agent Phone:	Contractor Pr	120			LICANT.	
(s) of authoriz	t it will be relied u	ONSTRUCTION me (us) and to th	to la	446mmmm 7.7	1	tion (specify)	***************************************			☐ sleeping quarters,		William P.			thing was property of the same	etc.)	n property)	Proposed Structure	# S				The state of the s		Year Round	Seasonal	Use		ntinue —	continue —	I. Intermittent)			1801/1081	۱ ۱		Phone:	No.	(A)	3	ЮН	
ation must accon	Jpon by Bayfield Cou	WITHOUT A PERN e best of my (our) kn	lake)				마		***************************************		to the state of th	- sabablichen	A Comment		Te l				Notice		3	□ 2	1	# of bedrooms		Distance Structure		Distance Structure	V RIVE		8/6 201020	and the state of t	gent Mailing Ado	lumber:	MAR 1	DA L	CONDITIONAL USE	W DO I FILL OUT T	
ccompany this application)	nty in determining wh Inty officials charged	AIT WILL RESULT IN				With the second			The state of the s	cooking & food prep facilities)	***************************************		***************************************	Programme Company	- Andrews	The state of the s			Width:	Width.	ll	☐ Compost Toilet	Privy (Pit)	☐ Sanitary (Exists) Specify Type:	☐ (New) Sanitary	☐ Municipal/City	Se		cture is from Shoreline :		cture is from Shoreline :	~		Block(s) No.		Agent Mailing Address (include City/State/Zip):		C	Superio	Ď.	HIS APPLICATION (
tion)	ether to iss with admini	PENALTIE s true, come								ties) (_											Foilet	or or	xists)		l/City	What Type of Sewer/Sanitary System Is on the property?		feet	1001	oreline :	500 3120	2		Recor	//State/Zi				SPECIAL USE	visit our w	
Date	istering cou	sect and com	(* 1, 9/7)											- The state of the		5,544.4		Dime				e contract)	Vaulter	Specify T	Specify Type:		What Type of er/Sanitary Syste on the property?		#			7		Volume ///	ded Docu	<u>.</u>			56		æbsite wv	
Date 7/	nty ordinances	plete. I (we) ackno	こるの こ	×	×	×	×		×	×)	X)	×	× *	×××	×	×	×	Dimensions	Height:	Height:		(1)	Vaulted (min 200 gallon)	уре:	/pe:		f /stem ty?		No	Floodplain Zone?	ls Property in		2		ment: (i.e. I	Written A Attached	2		Cell P	□ B.O.A. □	ww.bayfieldc	
715		cknowledge that I (we)	193.2	₩.						-							. 00:20	Square					galion)		□ Well	□ City	Water		No.			6 AURES	19000	age(s) 5/4,37M	Recorded Document: (i.e. Property Ownership)	Written Authorization Attached	per riigiie.	018-347 1893	Cell Phone: 1996	OTHER	HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)	

Attach
copy of Tax Statement
the property send your Recorded Deed

Authorized Agent:

		Hold For Fees:	Hold	davit:	Hold For Affidavit:	3	Hold For TBA	spector A CO	Signature of Inspector
e of Appypyal:,	Date								
	\$ F. S.	OF BUCKS	attached.	-(If No they need to be attached.) (KADOS((S) My NS	7 2 No	Is Attached? Thes	critis NUST	Condition(s): Town, Committee or Board Conditions Attached? (ACTIVITIES AUST INE.)	Condition(s): To
Date of Re-Inspection:	Date of R					Inspected by:		51.13 :uc	Date of Inspection:
Zoning District (\mathcal{K}_{-}) Lakes Classification (\mathcal{S}_{-})		AND NEW	SHOWS SHOWS	LOS CHAPS	ド	6	CHISS AS AN	· ' i	Inspection Record MISHN
□ No	yed XYes	resented Propert	ty Lines Re Wa	Were Proper	1	Àyes □ No		Was Parcel Legally Created Was Proposed Building Site Delineated	Was Proposed
	- #	ance (B.O.A.)	ed by Varia	Previously Granted by Variance (B.O.A.) ☐ Yes 私 No				by Variance (B.O.A.) Case #:	Granted by Varia
ached □ Yes X No	Affidavit Required Affidavit Attached	s X No	red □ Yes ned □ Yes	Mitigation Required Mitigation Attached	A M A N O	(Deed of Record) (Fused/Contiguous Lot(s))	☐ Yes (Deed of Record) ☐ Yes (Fused/Contiguo) ☐ Yes		Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming
				%	9 .	Permit Date:		-	Permit#: 13-4
					Denial:	Reason for	ose only)	Permit Denied (Date):	Permit Denied (Date):
ate:	Sanitary Date	# of bedrooms:	ay also req	ederal agencies in	Tity, State or F	Construction of New Orie & Two Falling Develings. ALL Maninopailities Are negative at to Elimone Time Orinotti Develing Code The local Town, Village, City, State or Federal agencies may also require permits. [# of bedrooms: Sanitary Number:	The lo	For The Construct	
Stake or Mark Proposed Location(s) or New Construction, Septic Tank (31), praining (24), Holding Tank (41), Frita (44), and well (w). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. Fig. The Construction Of New Cons 8 True Family Dwelling. All Maniferhalities are Beguined The Enforce The Uniform Dwelling Code.	ank (n.), Pilyy as not begun.	ruction or Use ha	Drain field ice if Const	the Date of Issuar	(1) Year from	Permits Expire One	All Land Use	Stake or Mark P NOTICE:	(9)
rior to the placement of construction of a structure more than ten (Lu) feet put less than turny (so) her time the inhulting required sequency, the population is not which stock the structure; or must be one previously surveyed conner to the other previously surveyed conner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure; or must be marked by a licensed surveyor at the owner's expense.	of the proposed site	comer within 500 feet	from a known	of a corrected compass	epartment by use	(10) feet but less than the ner, or verifiable by the D	are more than ten ously surveyed cor ense.	or construction or a structuod corner to the other previous treeyor at the owner's expensions of the owner's expensions.	Prior to the placement one previously surveye marked by a licensed s
e previously surveyed corner to the	st be visible from one the cethack must be	must be measured must be	h the setback	boundary line from which the	required setback, the le.	feet of the minimum regi t the owner's expense.	re within ten (10)	Prior to the placement or construction of a structure within ten (10) feet of the minimum re other previously surveyed corner or marked by a licensed surveyor at the owner's expense.	Prior to the placement other previously survey
					Feet Feet	>15	ting)	Field (Portable, Compos	Setback to Drain Field Setback to Privy (Port
₽ VA Feet			CO I	Setback to Well	Feet		ank	c Tank or Holding Tank	Setback to Septi
Feet Feet		Area	20% Slope loodplain	Setback from 20% Slope Area Elevation of Floodplain	Feet	> 30' > 30'		West Lot Line East Lot Line	Setback from the West Lot Line Setback from the East Lot Line
Feet			Wetland	Setback from Wetland	Feet	8, 1	7	North Lot Line	Setback from the North Lot Line Setback from the South Lot Line
A)/A Feet	ater mark)	Setback from the Lake (ordinary high-was Setback from the River, Stream, Creek Sethack from the Rank or Riuff	the Lake (the River,	Setback from Setback from	Feet	78	ted Road -of-Way	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Setback from the
Measurement		Description	Des		ment	Measurement		Description	
DECOLERANDE CONTRACT ESTABLISME SE LO SE SE CONTRACT ESTABLISME SE LO SE CONTRACT ESTABLISM			0			:losest point)	ured to the o	Setbacks: (measured to the closest point)	(8)
d by the Planning & Zoning Dept.		Changes in plans must be approve	Changes lin	OAXEIIE	D	FRONTAGE RD or to continuing)	prior to con	Please complete (1) – (7) above (prior to continuing)	Please compl
		Driveway	D		There				
				. in the second					
		101 CON 181	(2)(2)	Judy	C	\$ 10		<u>)</u>	``
		triation		(Proposed	28			`	
AKE				(437)					
	282	(ta							
	nd/or (*) Privy (ing Tank (HT) an	; (*) Holdi	l (Name Frontage erty P rain Field (DF k; or (*) Pond	ontage Road on your Prop on your (ST); (* Tank (ST); (* Stream/Creel opes over 20	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%		Show Location of: Show / Indicate: Show Location of (*): Show: Show: Show: Show any (*): Show any (*):	(1) (2) (3) (4) (6) (6)
				applying for)	vhat you are	ty (regardless of v	j your Proper	below: Draw or Sketch your Property (regardless of what you are applying for)	<u>Jox belo</u>